BRIDGING THE GAP – MEDICAL INTERPRETER APPLICATION FORM

Applicant's Personal Information:

		First Name:	MI:
Address:			
City:		State: _	Zip Code:
Telephone: (_)	Alternate Phone: (_)
Fax: ()		E-Mail:	
Current Employe	er:		
Job Title:			
Applicant's Lar	nguage Informat	tion:	
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Sponsoring Organization Information:

Sponsoring Organization:	
Contact name:	
Job title:	
Address:	
City:	State: Zip Code:
Telephone: ()	Alternate Phone: ()
Fax: ()	E-Mail:

Please include the following information with your application:

- 1. A letter from your sponsoring organization. The letter should demonstrate that the organization understands the requirements from this training and include a detailed description of how you will use this training in their organization.
- 2. A personal letter from the applicant stating why he/she wants to attend this training course.
- 3. Attach a Curriculum Vitae/Resume describing your link to medical interpreting.